

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6						
7		1				
8						
9		1				
10		1				
11		1				
12		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	76					
TOTAL CLAIMS	77					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
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74				10								
75				10								
76				10								
77				1								
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												